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Bib Data Sheet

CONFIRMATION NO. 8839

<b>SERIAL NUMBER</b> 10/733,461	<b>FILING OR 371(c) DATE</b> 05/24/2004 <b>RULE</b>	<b>CLASS</b> 206	<b>GROUP ART UNIT</b> 3728	<b>ATTORNEY DOCKET NO.</b> BENS-004
<b>APPLICANTS</b> Mary J. Benson, Coeur d' Alene, ID;				
<b>** CONTINUING DATA *****</b> <i>M-</i> This application is a CIP of 10/210,996 07/31/2002 ABN which claims benefit of 60/386,848 06/06/2002				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE m=</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/18/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ID	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 65215				
<b>TITLE</b> Toilet plunger cabinet system				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	